



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E293848**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-03179
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	12	-	18	-	2013	TIME (2400)	1631	COUNTY #	31	MILES		N	E	IN	OF	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>	
99TH AVE SE		BLOCK NO.	
DISTANCE		OF (REFERENCE OR CROSS STREET)	
	MILES	N	E
	FEET	S	W
		20TH ST SE	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	D: 4254224205
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LAST NAME	JONES	FIRST NAME	JENNIFER	MIDDLE INITIAL	A
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STREET	5117 SEAWAY BLVD
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CITY	EVERETT	ST	WA	ZIP	98203
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	JONESJA392RH	STATE	WA	SEX	F	D.O.B.	12	-	08	-	1961
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	6	RESTR	4	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	006YOZ	STATE	WA	VIN#	JHMZE2H77AS001303
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	HOND	MODEL	INSIGHT	STYLE	4H	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. BERNICE JONES 5117 SEAVIEW WAY EVERETT WA 98203

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 341 0559-A04-47E
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.		-		-	
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	943YCM	STATE	WA	VIN#	1FDKE30L8EHB39674
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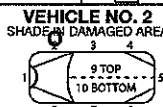
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1984	MAKE	ALUM	MODEL	26/MMH	STYLE	CT	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MALLORY PRAULX 1920 99TH AVE SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	STEVE WARBIS	BADGE OR ID #	112	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E293848**

CASE # **13-03179**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit1 was making a left turn from 20th St.S.E. onto 99th Ave S.E. Driver was assumed to have a medical episode and drove off roadway striking a parked motorhome, Unit 2. Unit 1 then rolled backwards coming to rest on the shoulder of 99th Ave S.E. Driver transported to hospital.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

STEVE WARBIS

12-18-13 05:48 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

12/19/2013 12:28:46 AM

BADGE OR ID # 112

ORI # WA0311900

TIME POLICE DISPATCHED 4:32 PM

TIME POLICE ARRIVED 4:35 PM

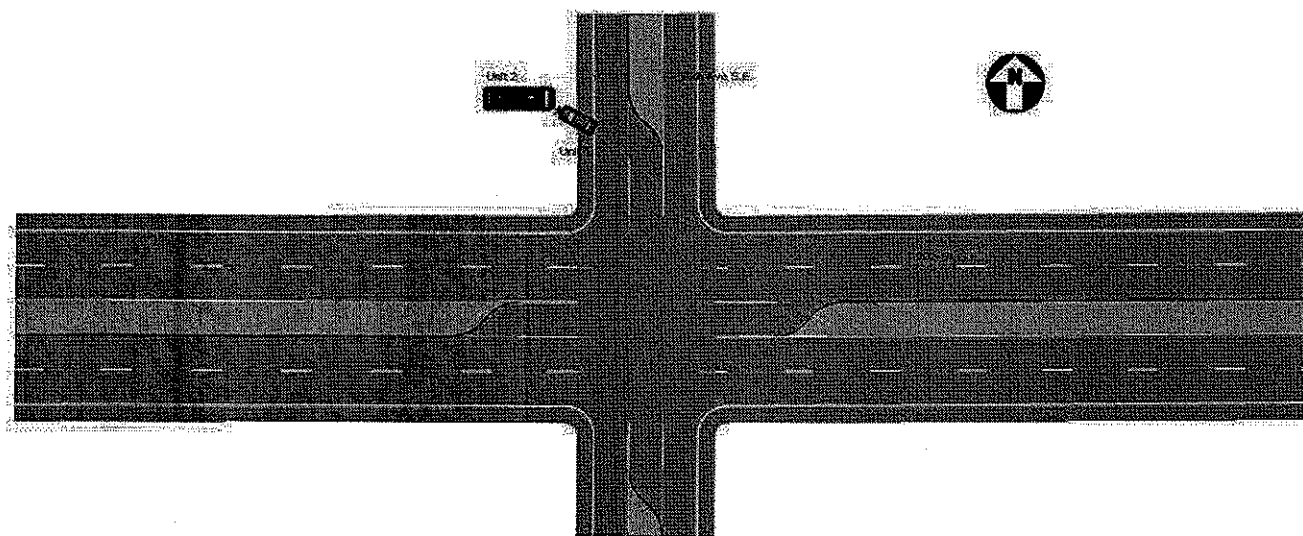
PART B 3000-345-160 R (7/06)

PAGE 2 OF 3

REPORT NO. E293848

CASE # 13-03179

DATE AND TIME
OF COLLISION 12/18/13 16:31



CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-03179

TOW / IMPOUND
AND INVENTORY RECORD

- ☒ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

J H M Z E Z H 7 7 A S 0 0 1 3 0 3

LICENSE

006402

STATE

WA

YEAR

2010

MAKE

Honda

MODEL

INSIGHT

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4 DR

COLOR

MAROON

DRIVER

NAME (LAST, FIRST, MI)

JONES, JENNIFER A

STREET ADDRESS

5117 SEAWAY BLVD

CITY, STATE, ZIP CODE

EVERETT WA 98203

PHONE

4254224205

DOB

12-8-61

REGISTERED OWNER

NAME (LAST, FIRST, MI)

JONES, BERNICE V

STREET ADDRESS

5117 SEAWAY BLVD

CITY, STATE, ZIP CODE

EVERETT WA 98203

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

SAME AS REG.

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 12-18-13 AT 1725 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE MACKS TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 20TH ST & 99TH AVE SE

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE Steve Ray DOL TOW TRUCK NO. 5098-007 DATE 12-18-13

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input type="checkbox"/> KEYS []	<input type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S []	<input type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

1 VEHICLE COLLISION
DRIVER TRANSPORTED

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

S WAKKIS 112

S WAKKIS 112

BADGE NO.

112

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

Incident History for: #SS13027570 Xref: #AG13003598

Case Numbers: \$SS13003179

Entered 12/18/13 16:32:36 BY SPDF25 SP0137

Dispatched 12/18/13 16:32:48 BY SPDP17 SP0112

Enroute 12/18/13 16:32:48

Onscene 12/18/13 16:35:42

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo:

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397F-3 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/99 AV SE , LKS (V)

Loc Info:

Name: DARREN

Addr:

Phone: 4257507318

/1632 (SP0137) ENTRY , UNK INJ ACC
/1632 (SP0112) DISPER SS1937 #SS112 WARBI, OFFICER (STEVE)
/1632 (SP0137) CROSS #AG13003598
/1633 SUPP NAM: DARREN,
PHO: 4257507318,
TXT: 2 VEHS , NON BLKING. RED 4 DOOR & UNK ON OT
HER
/1634 (SP0279) SUPP TXT: THIS WILL BE IFO 1925 99 AV SE, C/TALKING,
AIRBAG HIT HEAD
/1635 (SS112) *ONSCNE SS1937
/1650 (SP0112) ASNCAS SS1937 \$SS13003179
/1655 (SS112) REMINQ SS1937 MDTWANT, JONES, JENNIFER, A, 120861,,, WA,,,,,,,,,,
/1700 (SP0112) ROTREQ SS1937 TOW 5264 LKS GRANITE FALLS TOWING
3606917666
/1706 ROTREQ SS1937 TOW 5099 LKS MACK'S TOWING
3605683131
/1707 SUPP TXT: MACKS TOW ENRT
/1712 (SS112) REMINQ SS1937 MDTVEH, 006YOZ,, WA,,,,,,,,,,
/1730 (SP0112) MISC SS1937 , TOW ARRIVED

LSPD
ORIGINAL